

TO: *Susie Pace, OTM Video Network Services*

FROM: _____

OFFICE: _____

DATE: _____

ADDITION

NAME: _____

PHONE: _____

FAX: _____

E-MAIL: _____

ACCESS TYPE (CHECK ONE):

☐ Coordinator

☐ Requester all sites

☐ Read-only

If coordinator, list sites for coordinator access: _____

DELETION

NAME: _____

CHANGE

NAME (As listed in scheduler): _____

Change requested: _____

Signed (T/C): _____ **Date Signed by T/C:** _____

FOR OTM USE ONLY

Authorized by: _____, OTM Video Network Services

Date Authorized: _____

Instructions for Web Scheduler Security Access (OTM-29)(7/03)

From: Name of person submitting form to OTM.

Office: Name of submitter's department/office.

Date: Date form completed.

ADDITION Complete this sections to add a user to security access.

Name: Name of person to be added to security access.

Phone: Phone number of person to be added.

Fax: Fax number of person to be added.

E-Mail: E-mail address of person to be added.

Access Type (Check One): Check the type of access the added person requires.

Check *Coordinator* if the added person needs permission to schedule, modify, cancel all conferences for specific sites.

Check *Requester All Sites* if the added person needs permission to schedule conferences for all sites, but will only be able to modify or cancel those conferences they personally schedule.

Check *Read Only* if the added person needs permission to inquire only, and will not be able to schedule, modify or cancel any conferences.

If Coordinator, List All Sites For Coordinator Access: If the added person will be a coordinator, list all sites for coordinator access. Coordinators will automatically have requester access to all sites.

DELETION Complete this section to delete a user from security access.

Name: Name of person to be deleted as user.

CHANGE Complete this section if a current user's information needs to be changed in Scheduler.

Name (As Listed In Scheduler): Name as it appears in Scheduler.

Change Requested: List change requested (name change, etc.). Provide new/corrected information.

Signed (T/C): Signature of agency telecommunications coordinator.

Date Signed By T/C: Date telecommunications coordinator signed form.

Authorized By: For OTM Use Only.

Date Authorized: For OTM Use Only.